

S/N 09/246,918



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Karl M. Robinson Examiner: Unknown
Serial No.: 09 246,918 Group Art Unit: 2812
Filed: February 9, 1999 Docket: 303,455US2
Title: DEVICES HAVING IMPROVED CAPACITANCE AND METHODS OF
THEIR FABRICATION

COMMUNICATION RE: INCORRECT FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

Applicants hereby request correction of the Filing Receipt with respect to the above-identified patent application. In the Corrected Filing Receipt received April 21, 2000, (copy enclosed), the Applicant information is incorrect. The Filing Receipt reads: **KARLM. ROBINSON, BOISE, ID.** It should read: **KARL M. ROBINSON, BOISE, ID.** This is evidenced by the Declaration and Power of Attorney (copy enclosed).

Applicant would appreciate the above-identified printing error be corrected and that a new "corrected" filing receipt be sent to Applicant's representatives at the address given below.

Respectfully submitted,

KARL M. ROBINSON

By his Representatives,

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Date

May 11, 2000

By

Allen J. Oh
Reg. No. 42,047
AJO:CMG:clh

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Assistant Commissioner of Patents, Washington, D.C. 20231,

on

May 12, 2000

Date of Deposit

Chris Hammond

Chris Hammond

CORRECTED FILING RECEIPT



OC00000005068331

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/246,918	02/09/1999	2823	1888	303.455US2	11	26	7

SCHWEGMAN LUNDBERG WOESSNER & KLUTH
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Date Mailed: 04/21/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

KARLM. ROBINSON, BOISE, ID ;

Continuing Data as Claimed by Applicant

THIS APPLICATION IS A DIV OF 08/676,708 07/08/1996

Foreign Applications

If Required, Foreign Filing License Granted 02/26/1999

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Title

DEVICES HAVING IMPROVED CAPACITANCE AND METHODS OF THEIR FABRICATION

Preliminary Class

438

Data entry by : PAYTON, HELENA

Team : 2800

Date: 04/21/2000

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APR 27 2000

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Bib Data Sheet


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COMMERCE**

Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/246,918	FILING DATE 02/09/1999 RULE -	CLASS 438	GROUP ART UNIT 2823	ATTORNEY DOCKET NO. 303.455US2
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APPLICANTS

KARL M. ROBINSON, BOISE, ID;

**** CONTINUING DATA *******

THIS APPLICATION IS A DIV OF 08/676,708 07/08/1996

**** FOREIGN APPLICATIONS *******
**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/26/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ID	SHEETS DRAWING 11	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
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TITLE

DEVICES HAVING IMPROVED CAPACITANCE AND METHODS OF THEIR FABRICATION

FILING FEE RECEIVED 1888	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit